

Health & Families Council

Tuesday, December 6, 2005 2:00 PM - 3:15 PM Reed Hall

Action Packet

Health & Families Council

12/6/2005 2:00:00PM

Location: Reed Hall (102 HOB)

Attendance:

	Present	Absent	Excused
Anna Holliday Benson (Chair)	X		
Aaron Bean	X		
Mary Brandenburg	X		
Bill Galvano	X		
Rene Garcia	X		
Hugh Gibson	X		
Gayle Harrell	x		
Ed Homan	X		
Julio Robaina	X		
Eleanor Sobel	X		
Shelley Vana	Х		
Totals:	11	0	0

Health & Families Council

12/6/2005 2:00:00PM

Location: Reed Hall (102 HOB)

HB 3B CS: Medicaid

X	Favorable With Committee S	ubstitute -				
		Yea	Nay	No Vote	Absentee Yea	Absentee Nay_
Aar	ron Bean	X				
Ma	ry Brandenburg		X			
Bill	Galvano	X				
Rer	ne Garcia	X				
Hu	gh Gibson	X				
Ga	yle Harrell	X				
Ed	Homan	X				
Juli	io Robaina	X				
Ele	anor Sobel		X			
She	elley Vana		X			
Anı	na Holliday Benson (Chair)	X				
		Total Yeas: 8	Total Nays: 3			

Appearances:

Medicaid

Tony Carvalho (Lobbyist) - Proponent Teaching Hospital Council/Safety Net Hospital Alliance 101 N. Gadsden St.

Tallahassee Florida 32301 Phone: 850/201-2096

Medicaid

Tom Arnold (Lobbyist) (State Employee) (At Request Of Chair) - Information Only Agency for Health Care Administration 2727 Mahan Drive

Tallahassee Florida 32308 Phone: 850/488-3560

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Medicaid

Ralph Glatfelter (Lobbyist) - Information Only

FL Hospital Association 306 E. College Avenue Tallahassee Florida 32301 Phone: 850/222-9800

Medicaid

Paul Rosenberg - Information Only Shands Health Care 1600 SW Archer Rd. Gainesville Florida 32610

Phone: 352/265-6995

Print Date: 12/6/2005 5:05 pm

Health & Families Council

12/6/2005 2:00:00PM

Location: Reed Hall (102 HOB)

Medicaid

Paul Wharton (Lobbyist) - Information Only Florida Pediatric Society/CMS/TENET 2356 Jose Circle North Jacksonville Florida 32217 Phone: 904/563-0627

Medicaid

Donald Dawkins - Information Only Self 2300 Fairfield Avenue

Sarasota Florida 34232 Phone: 941/371-7281

Medicaid

Lori Parham (Lobbyist) - Information Only

AARP

200 W. College Avenue Tallahassee Florida 32303 Phone: 850/577-5170

Print Date: 12/6/2005 5:05 pm

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Health & Families Council 12/6/2005 2:00:00PM

Location: Reed Hall (102 HOB)

Summary:

Health & Families Council

Print Date: 12/6/2005 5:05 pm

Tuesday December 06, 2005 02:00 pm

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Favorable With Committee Substitute

Yeas: 8 Nays: 3

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Page 4 of 4

House of Representatives COUNCIL BILL ACTION WORK SHEET

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House of Representatives COUNCIL BILL ACTION WORK SHEET

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House of Representatives COUNCIL BILL ACTION WORK SHEET

Council Date of Time: Place:	on: Meeting:	Health & Families								
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VOTE:		Other Act	ion:							
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	Amendment No.1 (for draft	ter's use only)	
ŀ			Bill No. 0003B
	COUNCIL/COMMITTEE A	CTION	
	ADOPTED	(Y/N)	
	ADOPTED AS AMENDED	<u> (Y/N) </u>	
1	ADOPTED W/O OBJECTION	(Y/N)	
1	FAILED TO ADOPT	(Y/N)	
	WITHDRAWN	(Y/N)	
	OTHER		
	The state of the s	en vertreit er fan de f	the control of the co
1	Council/Committee hearin	g bill: Health & Familie	s Council
2	Representative Galvano o	ffered the following:	
3			
4	Amendment (with tit	cle amendment)	
5	Between lines 149 a		
6	(e) This subsection	on shall stand repealed on	June 30, 2006,
7	unless reviewed and save	ed from repeal through ree	nactment by the
8	Legislature.		
9			
10	======== T I T I	LE AMENDMENT ===	:=======
11	Remove line 12 and		
12	of the council; providing	ng for future legislative	review and

repeal of the council; amending s. 409.912, F.S.; providing an

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Amendment No.2 (for drafter's use only)

		Bill	No.	0003B
	COUNCIL/COMMITTEE ACTION			
	ADOPTED (Y/N)			
	ADOPTED AS AMENDED (Y/N)			
	ADOPTED W/O OBJECTION (Y/N)			
	FAILED TO ADOPT (Y/N)			
	WITHDRAWN (Y/N)			
	OTHER			
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1	Council/Committee hearing bill: Health & Families	Coun	cil	
2	Representative Bean offered the following:			
3				
4	Amendment			
5	Remove line 119 and insert:			
6	funding, and one representative of family practice	teac	hing	
7	hospitals.			

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No.3 (for drafter's use only)

	BIII NO. UUU3B
COUNCIL/COMMITTEE	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	V(Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	
Makeman and Makeman and Annia	
Council/Committee hearing	ng bill: Health & Families Council
Representative Benson of	fered the following:
Amendment (with tit	cle amendment)
Remove line 408 and	l insert:
health care providers, <u>i</u>	ncluding minority physician networks and
emergency room diversion	programs that meet the requirements of
s. 409.91211, which prov	rides a substantial proportion
====== T I T L	E AMENDMENT =======
Remove line 19 and	insert:
updating a reference; in	cluding certain minority physician
networks and emergency r	oom diversion programs in the
description of provider	service networks; amending s. 409.91211,
F.S.;	

Amendment No.4 (for drafter's use only)

		Bill No. 0003B
	COUNCIL/COMMITTEE	ACTION
	ADOPTED	(Y/N)
	ADOPTED AS AMENDED	(Y/N)
	ADOPTED W/O OBJECTION	<u>(Y/N)</u>
	FAILED TO ADOPT	(Y/N)
	WITHDRAWN	(Y/N)
	OTHER	
1	Council/Committee heari	ng bill: Health & Families Council
2	Representative Benson o	offered the following:
3		
4	Amendment	
5	Between lines 683	and 684, insert:
6	6. Utilization ar	d quality data for the purpose of
7	ensuring access to medi	cally necessary services, including
8	underutilization or ina	ppropriate denial of services.
- 1		

Amendment No.5 (for drafter's use only)

1		Bill No.	0003B
	COUNCIL/COMMITTEE ACTION		
	ADOPTED (Y/N)		
	ADOPTED AS AMENDED (Y/N)		
	ADOPTED W/O OBJECTION (Y/N)		
	FAILED TO ADOPT (Y/N)		
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	OTHER		
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1	Council/Committee hearing bill: Health & Families	s Council	
2	Representative Benson offered the following:		
3			
4	Amendment		
5	Remove lines 446-449 and insert:		
6	intergovernmental transfers in accordance with pul	blished fed	leral
7	statutes and regulations. The agency shall distri		
8	the upper payment limit program, the hospital dis		

share program, and the low income pool in accordance with

published federal statutes, regulations, and waivers and the low

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income

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No.7 (for drafter's use only)

	Bill No. 0003B
COUNCIL/COMMITTEE A	ACTION
ADOPTED	
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	V(Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	
Representative Benson of	ffered the following:
Amendment	fered the following:
•	
Amendment Remove line 843 and	
Amendment Remove line 843 and	d insert: Th departments <u>and federally qualified</u>
Amendment Remove line 843 and s. 1011.70. County health the centers delivering the second se	d insert: The departments and federally qualified ag school-based E A M E N D M E N T =================================
Amendment Remove line 843 and s. 1011.70. County health health centers delivering the second	d insert: The departments and federally qualified ag school-based E A M E N D M E N T =================================
Amendment Remove line 843 and s. 1011.70. County health health centers delivering the second	d insert: The departments and federally qualified ag school-based E A M E N D M E N T =================================



Amendment No.8 (for drafter's use only)

Bill No. 0003B

	COUNCIL/COMMITTEE	ACTION		
	ADOPTED	(Y/N)		
,	ADOPTED AS AMENDED	(Y/N)		
(ADOPTED W/O OBJECTION	1 (Y/N)		
`	FAILED TO ADOPT	(Y/N)		
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	OTHER			
	NATION SHOWN AND ADMINISTRATION OF THE STATE	etholoxidatis (i	n (c. 7 1000) as s 1400 as an 	· / , * MO" - NAMONENE VERNE V

Council/Committee hearing bill: Health & Families Council Representative Benson offered the following:

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Amendment (with directory and title amendments)

Between lines 387 and 388, insert:

(c) A federally qualified health center or an entity owned by one or more federally qualified health centers or an entity owned by other migrant and community health centers receiving non-Medicaid financial support from the Federal Government to provide health care services on a prepaid or fixed-sum basis to recipients. A federally qualified health center or an entity owned by one or more federally qualified health centers that is reimbursed by the agency on a prepaid basis is exempt from parts I and III of chapter 641 but must comply with the solvency requirements in s. 641.2261(2) and meet the appropriate requirements governing financial reserve, quality assurance, and patients' rights established by the agency. Such prepaid health care services entity must be licensed under parts I and III of chapter 641, but shall be prohibited from serving Medicaid recipients on a prepaid basis, until such licensure has been obtained. However, such an entity is exempt from s. 641.225 if



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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No.8 (for drafter's use only) the entity meets the requirements specified in subsections (17) 22 23 and (18). 24 ======= D I R E C T O R Y A M E N D M E N T ======== 25 26 Remove line 150 and insert: Section 3. Paragraphs (b), (c), and (d) of subsection (4) 27 28 of 29 ======== T I T L E A M E N D M E N T ========= 30 Remove line 15 and insert: 31 Medicaid health maintenance organizations; providing an 32

Medicaid health maintenance organizations; providing an exemption for federally qualified health centers and entities owned by federally qualified health centers from pts. I and III of ch. 641, F.S., under certain circumstances; deleting the



Amendment No.12 (for drafter's use only)

Bill No. 0003B

ADOPTED	<u> </u>
ADOPTED AS AMENDED	(Y/N)

COUNCIL/COMMITTEE ACTION

ADOPTED W/O OBJECTION (Y/N)

FAILED TO ADOPT __ (Y/N)

WITHDRAWN __ (Y/N)

OTHER

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Council/Committee hearing bill: Health & Families Council Representative(s) Benson offered the following:

Amendment (with title amendment)

Remove line(s) 1058-1153 and insert: program as provided in this section.

- (7) (a) The Secretary of Health Care Administration shall convene a technical advisory panel to advise the agency in the following areas: risk adjusted rate setting, benefit design, and choice counseling. The panel shall include representatives from the Florida Association of Health Plans, representatives from provider sponsored networks, and a representative from the Office of Insurance Regulation.
- (b) The technical advisory panel shall advise the agency on the following:
- 1. The risk-adjusted rate methodology to be used by the agency including recommendations on mechanisms to recognize the risk of all Medicaid enrollees and transitioning to a risk-adjustment system, including recommendations for phasing in risk adjustment and the uses of risk corridors.



HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No.12 (for drafter's use only)

- 2. Implementation of an encounter data system to be used for risk-adjusted rates.
- 3. Administrative and implementation issues regarding the use of risk-adjusted rates, including, but not limited to, cost, simplicity, client privacy, data accuracy, and data exchange.
- 4. Benefit design issues, including the actuarial equivalence and sufficiency standards to be used.
- 5. The implementation plan for the proposed choice counseling system, including the information and materials to be provided to recipients, the methodologies by which recipients will be counseled regarding choices, criteria to be used to assess plan quality, the methodology to be used to assign recipients into plans if they fail to choose a managed care plan, and the standards to be used for responsiveness to recipient inquiries.
- (c) The technical advisory panel shall continue in existence and advise the secretary on matters outlined in this subsection.
- (8) The agency must ensure in the first two state fiscal years in which a risk-adjusted methodology is a component of rate setting that no managed care plan providing comprehensive benefits to TANF and SSI recipients has an aggregate risk score that varies by more than 10 percent from the aggregate weighted mean of all managed care plans providing comprehensive benefits to TANF and SSI recipients in a reform area. The agency's payment to a managed care plan shall be based on such revised aggregate risk score.
- (9) After any calculations of aggregate risk scores or revised aggregate risk scores in subsection (8), the capitation



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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES Amendment No.12 (for drafter's use only)

rates for plans participating under 409.91211 shall be phased in as follows:

- (a) In the first year, the capitation rates shall be weighted so that 75 percent of each capitation rate is based on the current methodology and 25 percent is based upon a new risk-adjusted capitation rate methodology.
- (b) In the second year, the capitation rates shall be weighted so that 50 percent of each capitation rate is based on the current methodology and 50 percent is based on a new risk-adjusted rate methodology.
- (c) In the following fiscal year, the risk-adjusted capitation methodology may be fully implemented.
- (10) Subsections (8) and (9) shall not apply to managed care plans offering benefits exclusively to high-risk, specialty populations. The agency shall have the discretion to set risk-adjusted rates immediately for said plans.
- (11) Prior to the implementation of risk-adjusted rate, rates shall be certified by an actuary and approved by the federal Centers for Medicare and Medicaid Services.
- (12) For purposes of this section, the term "capitated managed care plan" includes health insurers authorized under chapter 624, exclusive provider organizations authorized under chapter 627, health maintenance organizations authorized under chapter 641, the Children's Medical Services Network authorized under chapter 391, and provider service networks that elect to be paid fee-for-service for up to 3 years as authorized under this section.
- (13) It is the intent of the Legislature that if any conflict exists between the provisions contained in this section and other provisions of chapter 409, as they relate to



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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No.12 (for drafter's use only)

implementation of the Medicaid managed care pilot program, the provisions contained in this section shall control. The agency shall provide a written report to the President of the Senate and the Speaker of the House of Representatives by April 1, 2006, identifying any provisions of chapter 409 that conflict with the implementation of the Medicaid managed care pilot program as created in this section. After April 1, 2006, the agency shall provide a written report to the President of the Senate and the Speaker of the House of Representatives immediately upon identifying any provisions of chapter 409 that conflict with the implementation of the Medicaid managed care pilot program as created in this section.

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Remove lines 1506-1523 and lines 1538-1543

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======== T I T L E A M E N D M E N T =========

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Remove line(s) 39-52 and insert: 97

requiring the Secretary of Health Care Administration to convene a technical advisory panel; providing for membership and duties; limiting aggregate risk score of certain managed care plans for payment purposes for a specified period of time; providing for phase in of capitatation rates; providing applicability; requiring rates to be certified and approved; defining the term "capitated managed care plan"; providing for conflict between specified provisions of ch. 409, F.S., and requiring a report by the agency pertaining thereto;

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Remove lines 67-72 and insert:

108 109 amending s. 216.346, F.S.; revising provisions relating to contracts between state agencies; providing an



Amendment No. (for drafter's use only)

Bill No. 0003B

	BIII No. 0000	
	COUNCIL/COMMITTEE ACTION	
	ADOPTED (Y/N)	
	ADOPTED AS AMENDED (Y/N)	
	ABOPTED W/O OBJECTION (Y/N)	
(FAILED TO ADOPT (Y/N)	
	WITHDRAWN (Y/N)	
	OTHER	
1	Council/Committee hearing bill: Health & Families Council	
2	Representative Brandenburg offered the following:	
3		
4	Amendment (with title amendment)	
5	Between lines 1537 and 1538, insert:	
6	Section 12. Exemptions from Medicaid capitated managed	
7	care plan	
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10	foster care, are not required to enroll in a Medicaid capitated	
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12	Statutes, and shall continue to be covered on a fee-for-service	
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15	program are not required to enroll in a Medicaid capitated	

program are not required to enroll in a Medicaid capitated

managed care plan authorized under s. 409.91211, Florida

Statutes, and shall continue to be covered on a fee-for-service basis.

18 basis

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Remove line 71 and insert:

========= T I T L E A M E N D M E N T =========

Page 1 of 2

amendmentdraft14545.doc



Amendment No. (for drafter's use only)

- 22 agencies; exempting children receiving certain services and
- 23 persons participating in the independent living program from
- 24 participation in Medicaid capitated managed care plans;
- 25 providing an appropriation; providing an

(10)

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. ____ (for drafter's use only) Bill No. 3B CS COUNCIL/COMMITTEE ACTION ADOPTED (Y/N) ADOPTED AS AMENDED (Y/N) ADOPTED W/O OBJECTION (Y/N) (Y/N)FAILED TO ADOPT (Y/N)WITHDRAWN OTHER Council/Committee hearing bill: Health & Families Council 1 Representative(s) Homan offered the following: 2 3 Amendment (with directory and title amendments) 4 Remove line(s) 1233 and insert: 5 6

(f) Effective July 1, 2008, when a Medicaid recipient does not choose a managed